



Community Benefit Report Fiscal Year 2016



TORRANCE MEMORIAL
MEDICAL CENTER



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For Submittal to:

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Preface

In accordance with Senate Bill 697, Community Benefits Legislation, Torrance Memorial Medical Center, a private not-for-profit hospital, submits this Community Benefits Report for Fiscal Year 2016. Senate Bill 697 requires a not-for-profit hospital in California to complete the following activities:

- Review and reaffirm its mission statement to ensure that its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization
- Complete and update a needs assessment every three years, evaluating the health needs of the community served by the hospital
- Adopt and file a community benefits plan annually, documenting activities that the hospital has undertaken to address community needs within its mission and financial capacity; and to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan

Introduction to Torrance Memorial Medical Center

Torrance Memorial Medical Center is a locally governed, 446-bed, non-profit medical center whose purpose is to provide quality healthcare services, predominantly to the residents of the South Bay, Peninsula and Harbor communities of Los Angeles County.

Founded by Jared Sidney Torrance in 1925, the medical center offers general acute care services and serves as one of only three certified burn treatment centers in Los Angeles County. With more than 3,500 employees, Torrance Memorial is one of the South Bay's largest employers. The hospital's medical staff includes over 1,000 physicians, while the volunteer corps embraces more than 1,000 members.

As the South Bay's first hospital, Torrance Memorial was relocated to its present site in 1971. Over the years, the medical center has continually grown and expanded to meet the community's healthcare needs. Among the many Torrance Memorial services and programs of special note are:

- Emergency Care (more than 79,582 patient visits annually)
- Imaging Services – Diagnostic and Interventional Radiology (including an outpatient medical imaging facility)
- Family Birth Center (3,039 live births in 2016)
- Level III Neonatal Intensive Care (stand alone) Unit
- Home Health and Hospice
- Polak Research Program (offers clinical research capabilities, at a level not typically available from community hospitals)
- Hunt Cancer Institute
- Lundquist Cardiovascular Institute
- Burn Center
- Rehabilitation Services
- Thelma McMillen Center for Alcohol and Drug Treatment

Among the medical center's ratings and accomplishments are the following recent distinctions:

- American Nurses Credentialing Center, Magnet® Re-designation for nursing excellence (2016)
- American Association of Critical-Care Nurses, Beacon Award of Excellence
- U.S. News and World Report Best Regional Hospital Award in 9 specialty areas
- Blue Shield Blue Distinction Center for Spine, Hip and Knee Surgery

- American Heart Association Gold Plus Quality Achievement Award and Honor Roll for Heart Failure Program
- American Heart Association/American Stroke Association Gold Plus Quality Achievement Award, Stroke Program
- American Heart Association Silver Quality Achievement Award, Cardiac Resuscitation
- Designated STEMI Receiving Center, Department of Health Emergency Services Agency of Los Angeles County
- American College of Surgeons Commission on Cancer, Outstanding Achievement Award
- American College of Cardiology Gold Performance Achievement Award in Heart Attack Care
- Member of the South Bay Survivorship Consortium which received a Medical Partnership Award from the American Cancer Society for providing cancer survivorship education and services (2012)
- VHA Innovation Award for the Versant RN Residency Program
- Daily Breeze and Press Telegram Annual Reader's Survey, South Bay's Best Hospital (2016)
- Easy Reader's Best of the Beach, Best Hospital (2016)

Accrediting organizations giving Torrance Memorial high marks are:

- Joint Commission three-year accreditation (2015)
- American College of Radiology Center of Excellence for Breast Diagnostic Center
- American College of Surgeons, Comprehensive Community Cancer Center
- Joint Commission, CLIA and American Association of Blood Banks for the clinical laboratory and blood bank
- Committee on Trauma of the American College of Surgeons and the American Burn Association conferred verification of delivery of the highest quality burn care
- American Society for Metabolic and Bariatric Surgery and a Blue Shield Blue Distinction Center of Excellence for favorable outcomes in bariatric surgery
- Joint Commission Advanced Certification for Primary Stroke Center, Inpatient Diabetes, Heart Failure, Total Joint Hip and Knee, and Home Health and Hospice
- Centers for Medicare and Medicaid Services' Transitional Care Unit 5-Star Rating
- Centers for Medicare and Medicaid Services' Home Health Care 4.5-Star Rating
- Centers for Medicare and Medicaid Services' HCAHPS 4-Star Rating for Patient Experience (2017)

Section 1: Executive Summary

Our Mission

Torrance Memorial Medical Center is a locally governed community, non-profit medical center whose purpose is to provide quality healthcare services, predominantly to the residents of the South Bay/Peninsula communities. Under the governance of a community-based Board of Trustees, Torrance Memorial serves the public interest by:

- Improving the community health within the scope and expertise of our resources
- Offering the most current and effective technologies rendered in a compassionate, caring manner
- Maintaining long-term stability in order to assure our strength and viability for the benefit of the community

Definition of Community Used in the 2016 Community Needs Assessment

Torrance Memorial Medical Center defined its “community” to include the following cities and communities:

- Torrance and Lomita
- Beach Cities of El Segundo, Hermosa Beach, Manhattan Beach and Redondo Beach
- Palos Verdes Peninsula and Rancho Palos Verdes
- Gardena, Hawthorne and Lawndale
- Harbor City, Wilmington, Carson and Los Angeles County zip code 90502
- San Pedro

Description of Our Community

The service area population is estimated at 895,123 persons, with 22.1 percent of the population under 18 years, 63.2 percent age 18 to 64, and 14.7 percent 65 years and older. Race/ethnicity is 47.4 percent White, 19.6 percent Asian/Pacific Islander, 10.1 percent Black/African-American, 17.3 percent Other Single Race and 5.8 percent Other Mixed Race. 36.6 percent of the service population is Hispanic, and 63.4 percent is Non-Hispanic. Of those persons at least five years of age, 55.3 percent speak English only at home, 27.1 percent speak Spanish, 12.6 percent speak an Asian/PI language, and 5.0 percent speak other languages. Of those persons at least 25 years and older, 15.4 percent have less than a high school degree, 19.7 percent have graduated high school and 64.9 percent have some college

to a college degree. Average household income is estimated at \$98,996 with 10.2 percent of households in the service area below the poverty level. Within the cities and communities of the service area, the most vulnerable communities (based on race/ethnicity, educational attainment, and income) are Gardena/Hawthorne/Lawndale, Harbor City/Wilmington/Carson/LA County 90502 and San Pedro.

Objectives Addressed in the Community Benefits Plan

During Fiscal Year 2016, Torrance Memorial Medical Center pursued the following objectives:

1. To continue to provide affordable and accessible healthcare services, to the extent possible.
2. To continue to provide health education, promotion and wellness services to improve the health status of the community.
3. To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Community Benefits Plan Activities

In Fiscal Year 2016, some of the activities conducted by Torrance Memorial Medical Center in support of the above objectives included: providing charity care for patients without the ability to pay for necessary treatment, absorbing the unpaid costs of care for patients covered by Medi-Cal and Medicare programs, providing van transportation services for older adults and patients accessing the medical center, participating in health fairs, conducting health education classes and support groups, staffing various centers – health resource center, cancer resource center, and breast examination training center – for health information and assistance, providing health information in multiple formats including magazines, web site, live streaming and on-demand educational videos, cable television programming and a medical library; and coordinating efforts with other organizations to improve disaster preparedness, support services for the homeless and working poor, and education of students attending area public schools, occupational centers, and nursing colleges.

Economic Value of Community Benefits Provided in Fiscal Year 2016

The economic value of community benefits provided by Torrance Memorial Medical Center in Fiscal Year 2016 is estimated at **\$112,970,798**.

Section 2: Mission and Values

Torrance Memorial Medical Center-Hospital Mission and Values statements follow. These guide our organization's commitment to responding to community needs.

Our Mission

Torrance Memorial Medical Center is a locally governed community, non-profit medical center whose purpose is to provide quality healthcare services, predominantly to the residents of the South Bay/Peninsula Communities. Under the governance of a community-based Board of Trustees, Torrance Memorial serves the public interest by:

- Improving the community health within the scope and expertise of our resources
- Offering the most current and effective technologies rendered in a compassionate, caring manner
- Maintaining long-term stability in order to assure our strength and viability for the benefit of the community.

Our Values

Our Values are service, excellence, knowledge, stability and community. Our beliefs for each of these values are stated below.

WE BELIEVE IN demonstrating our value of providing SERVICE to patients by:

- Treating patients and their loved ones with dignity, respecting their basic patients' rights, which include their need for privacy and confidentiality.
- Relating to patients, their loved ones, physicians and each other, in a professional, compassionate manner, recognizing the need for understanding and clear communication in receiving and delivering services.
- Treating all people equally without regard to race, color, religion, ethnicity, age, sex, national origin or handicap.
- Respecting the spiritual and cultural beliefs of patients and staff.
- Clarifying patient, physician and staff expectations for service in a timely manner in order to agree upon reasonable outcomes and each person's responsibility in reaching these goals.

WE BELIEVE IN demonstrating our value of EXCELLENCE in providing services by:

- Providing a comprehensive and high quality range of nursing services and medical technologies so that residents have access within the community to a full spectrum of health care services.
- Enhancing the quality of care through a process of Continuous Quality Improvement.
- Being responsive to the needs of physicians who practice at the Medical Center, recognizing their unique contribution and essential role in defining medical practices and the needs of the community for medical technology and services.
- Enhancing the coordination of patient care by updating information systems in order to provide all caregivers needed information in a timely manner.
- Providing a supportive, cooperative work environment that encourages positive changes and rewards employees in a market-competitive manner.

WE BELIEVE IN demonstrating our value of promoting KNOWLEDGE by:

- Contributing to the ability of patients and community residents to make informed choices about health care and in promoting better health and improved quality of life by providing detection, prevention and treatment information.
- Promoting individual responsibility for learning as health care providers and health care consumers.
- Providing opportunities for continued education of physicians, nurses, and other allied health professionals, in order that they may enhance their skill and remain current in their medical and health care-related knowledge.

WE BELIEVE IN demonstrating our value of organizational STABILITY by:

- Maintaining local governance and control of the Medical Center.
- Preserving the Medical Center's long-term commitment to providing health care services through the prudent and innovative management of resources.
- Accepting individual responsibility as employees for providing economically sound care and for constantly working to improve its delivery.
- Working together in a supportive manner as employees to provide excellent, knowledgeable service in a cost-effective manner.
- Planning for the future of the Medical Center by projecting financial requirements and reinvesting retained earnings and philanthropic contributions into patient services, program development, and equipment to meet the community's needs.

WE BELIEVE IN demonstrating our value of meeting COMMUNITY needs by:

- Assessing community health needs and responding to the identified needs through the development and implementation of a Community Benefits Plan, within the fiscal constraints of the Medical Center.
- Providing needed emergency services to the critically injured or ill who present for care, regardless of the patient's financial capabilities.
- Being responsible to the medically indigent of the South Bay/Peninsula areas that are not served by government-sponsored programs, within the budgetary constraints of the Medical Center.
- Facilitating community involvement of Medical Center policy-making by electing to the Board of Trustees qualified representatives of the local community, who serve on a voluntary basis.
- Promoting the importance of volunteerism by providing opportunities within the Medical Center for community members to contribute meaningful volunteer service.
- Contributing to the overall community welfare by participating in civic matters, being sensitive to community concerns and acting as a responsible corporate citizen.
- Working together as a community of employees of the Medical Center, in supportive manner to provide excellent, knowledgeable services in a cost-effective manner.

Section 3: Definition and Description of Our Community

Service Area Definition and Description

Torrance Memorial Medical Center's service area definition is based on ZIP codes. The table below defines the communities and corresponding ZIP codes associated with each area. Torrance Memorial Medical Center is located in Torrance ZIP code 90505.

Area	Communities and ZIP Codes
Torrance/Lomita	Torrance ZIP codes 90501, 90503 – 90505 and Lomita ZIP code 90717
Beach Cities	El Segundo ZIP code 90245, Hermosa Beach ZIP code 90254, Manhattan Beach ZIP code 90266, and Redondo Beach ZIP codes 90277 – 90278
Palos Verdes	Palos Verdes Peninsula ZIP code 90274 and Rancho Palos Verdes ZIP code 90275
Gardena/Hawthorne/Lawndale	Gardena ZIP codes 90247 – 90249, Hawthorne ZIP code 90250, and Lawndale ZIP code 90260
Carson/Harbor City/Wilmington	Carson ZIP codes 90745 – 90746, Harbor City ZIP code 90710, Wilmington ZIP code 90744, and unincorporated Los Angeles County ZIP code 90502
San Pedro	San Pedro ZIP codes 90731 – 90732

Service Area Population

The 2016 service area population is estimated at 895,123 persons. Since Census 2010, the service area population has increased an estimated 3.59 percent.

Population Number		Population Percent Change		
Service Area Region	2016	2000 to 2010	2010 to 2016	2016 to 2021
Torrance/Lomita	186,485	4.64%	4.22%	4.16%
Beach Cities	152,039	4.75%	3.68%	3.79%
Palos Verdes	68,830	1.42%	2.19%	2.70%
Gardena/Lawndale/Hawthorne	217,369	0.92%	2.86%	3.21%
Carson/Harbor City/ Wilmington	186,791	2.59%	3.85%	3.83%
San Pedro	83,609	0.98%	4.50%	4.18%
Total Population	895,123	2.71%	3.59%	3.69%

Assessment of Community Needs

The 2016 Community Health Needs Assessment was conducted over a period of approximately 8 months, from April to November 2016. It includes a summary of population and household demographics, measures related to access to health care, mortality, maternal and infant health, child and adolescent health, adult health, and senior health; and findings from the community consultation.

The hospital will use the findings of the 2016 needs assessment in the preparation of community benefits plans for the next three fiscal years, in accordance with Senate Bill 697 (community benefits legislation for not-for-profit hospitals).

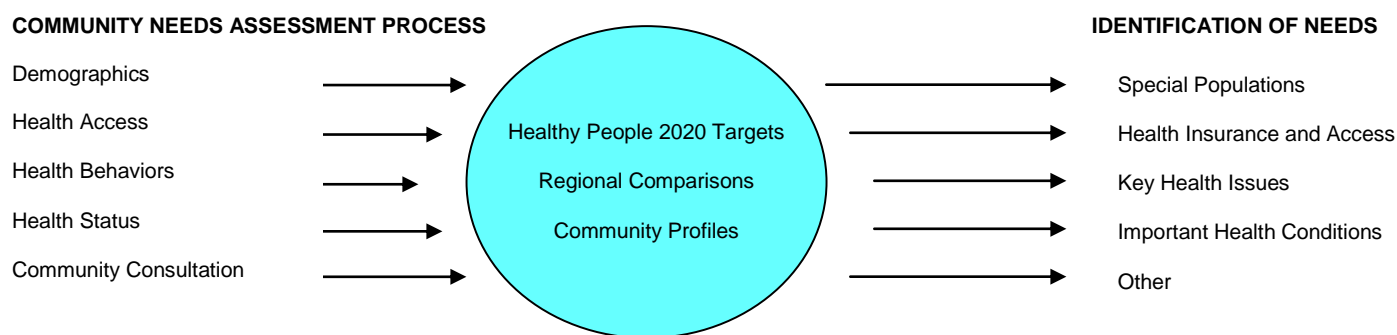
Needs Assessment Process

The needs assessment combines quantitative and qualitative information based on review and analysis of health-related data and input from community stakeholders. To assist with identifying priorities, comparisons are made to regional experiences, including national benchmarks known as Healthy People 2020 when available.

Qualitative primary data was obtained from three sources: a survey of school nurses, school health aides and school counselors working in the service area, a focus group of senior-level representatives from local non-profit community organizations and personal interviews with key stakeholders with a high-level community perspective.

To assist with providing context to the service area experience, comparative demographic information is included for Los Angeles County and the State of California. Demographic data was obtained from Nielsen Claritas online database, methodology year 2016.

Overview of Community Needs Assessment



Demographic Highlights

The following table summarizes age, race-ethnicity, language spoken at home for persons five years and older, highest level of education completed for persons 25 years and older, employment status for persons 16 years and older, household characteristics and poverty status.

Torrance Memorial Medical Center Service Area Compared to Los Angeles County and California State 2016

Description	TMMC Service Area	Los Angeles County	State of California
Age Group			
Under 18 Years	22.14%	22.85%	23.63%
18 to 64 Years	63.20%	65.54%	63.07%
65 Years and Over	14.66%	12.61%	13.30%
Race			
Non- White	52.65%	50.72%	44.17%
Ethnicity			
Non-Hispanic White	30.78%	26.33%	37.72%
Non-Hispanic Black	9.68%	7.99%	5.59%
Non-Hispanic Asian	18.48%	14.11%	13.78%
Hispanic	36.56%	48.71%	39.06%
Language Spoken at Home by Persons 5 Years and Older			
English Only	55.33%	43.22%	56.13%
Spanish	27.11%	39.51%	28.82%
Asian or Pacific Island Language	12.57%	10.77%	9.64%
Educational Attainment of Persons 25 Years and Older			
Less than High School Graduate	15.44%	23.16%	18.43%
High School Graduate	19.65%	20.50%	20.80%
Some College to Professional Degree	64.92%	56.34%	60.77%
Employment Status of Persons 16 Years and Older			
Employed (in labor force)	59.7%	57.55%	56.45%
Unemployed (in labor force)	6.15%	6.94%	6.72%
Not in the Labor Force	34.04%	35.47%	36.38%
Household Characteristics			
Children Under 18 Years present	36.05%	37.58%	37.47%
Average Household Size	2.79	2.97	2.90
Average Household Income	\$98,996	\$83,656	\$90,633
Poverty Status			
Families Below Poverty Level	10.24%	14.93%	12.64%

Source: Nielsen Claritas (Not all categories shown for race/ethnicity, language spoken and employment status)

Vulnerable Communities

Population characteristics correlated with health status include age 65 years and older, cultural diversity (persons of non-Hispanic White race/ethnicity), language spoken at home (persons five years and older speaking Spanish or Asian/Pacific Island languages), educational attainment (persons 25 years and older with less than a high school degree or GED), household income, and poverty level (families below the poverty level).

In the table below, highlighted cells are indicative of a vulnerable community. Cells are highlighted when the service area region experience is *below* the service area average household income and *above* the service area average for all other descriptors.

Vulnerable Communities Torrance Memorial Medical Center Service Area 2016

CHNA 2016	Age 65+ Years	Non- White	Language Spoken		< High School Educ	Avg HH Income	Below Poverty
			Spanish	Asian/ API			
Torrance/Lomita	15.29%	55.30%	16.24%	20.47%	10.38%	\$94,119	7.94%
Beach Cities	13.94%	23.42%	8.07%	6.12%	3.33%	\$141,606	3.25%
Palos Verdes	26.15%	36.33%	3.96%	15.73%	2.74%	\$171,873	3.86%
Gardena/Hawthorne/ Lawndale	11.49%	67.34%	42.87%	10.53%	23.59%	\$65,172	15.32%
Carson/Harbor City/ Wilmington	13.91%	68.24%	42.82%	15.08%	25.31%	\$76,130	13.60%
San Pedro	15.03%	40.29%	30.44%	3.62%	19.89%	\$76,442	15.04%
TMMC Service Area	14.66%	52.65%	27.11%	12.57%	15.43%	\$98,996	10.24%
Los Angeles County	12.61%	50.72%	39.51%	10.77%	23.16%	\$83,656	14.93%
State of California	13.30%	44.17%	28.82%	9.64%	18.43%	\$90,633	12.64%

Source: Nielsen Claritas

Summary of Health Access Indicators

Findings are based on hospitalization that occurred in the service area for Los Angeles County Service Planning Area (SPA 8) which best approximates the hospital service area. SPA 8 includes the hospital service area plus the cities of Inglewood and Long Beach.

When comparing health access indicators in SPA 8 to Healthy People 2020 objectives, SPA 8 did not meet objectives related to health insurance (currently insured), source of ongoing care, and difficulties or delays getting care. When comparing hospitalization rates for the hospital service area to Healthy People 2020 objectives, the hospital service area did not meet the objective related to: asthma in age group under 5 or age group 65 years and older.

Torrance Memorial Medical Center Service Area (or SPA 8) Compared to Los Angeles County, State of California and Healthy People 2020 Targets 2014

Indicator	SPA 8		County Rate	CA Rate	Target Rate
	Rate	Status			
Health Access					
Currently Insured, Age 0 to 65	88.3%	⬇️	85.1%	86.4%	=100%
Source of Ongoing Care, All Ages	88.5%	⬇️	83.8%	85.8%	≥ 95%
Difficulties or Delays Getting Care, Age 0 -17	6.2%*	⬇️	4.6%	4.6%	≤ 4.2%
Hospitalizations for Ambulatory Care Sensitive Conditions					
Asthma, Age 0 to 17	10.9	--	11.9	10.9	--
Asthma, Age Under 5	26.5	⬇️	20.0	19.6	≤ 18.2
Asthma, Age 5 to 64	6.6	✓	7.6	6.6	≤ 8.7
Asthma, Age 65+	23.2	⬇️	20.7	20.3	≤ 20.1
Uncontrolled Diabetes, Age 18 to 64	5.7	--	5.6	5.8	--
Immunization Preventable Pneumonia and Influenza, Age 65+	1.8	--	1.9	2.4	--

Sources: UCLA Center for Health Policy Research and Office of Statewide Health Planning & Development

Notes: Target rate "---" means Healthy People 2020 did not establish objective

Status "⬇️" means Healthy People 2020 target is not being met

Status "✓" means Healthy People 2020 target is being met

Shading indicates no new data/CHNA 2013 value is shown

* Data not statistically stable

Mortality

Considerable national and regional attention surrounds health behaviors and preventable deaths. According to the Centers for Disease Control and Prevention, the leading causes of preventable death in the United States are tobacco and poor diet and physical inactivity.

Heart disease and cancer were the top two leading causes of death in the service area, accounting for 52 percent of all deaths. Other leading causes of death in the service area are summarized in the table below.

Profile of Deaths by Select Leading Causes

On average, there were 9,590 deaths a year in Service Planning Area 8 of Los Angeles County from 2010 to 2012. Heart disease and cancer were the top two leading causes of death in SPA 8, accounting for 51.5 percent of all deaths. Other leading causes of death in the service planning area are summarized in the table below.

Profile of Deaths, Ranked Los Angeles County Service Planning Area 8 2012

Leading Causes of Death	Number	Percent
Heart Disease	2,630	27.4%
Cancer (All Sites)	2,314	24.1%
Stroke	549	5.7%
Chronic Lower Respiratory Disease	515	5.4%
Alzheimer's Disease	355	<5%
Pneumonia/ Influenza	339	<5%
Diabetes	312	<5%
Unintentional Injuries (All Types)	311	<5%
Chronic Liver Disease	189	<5%
Essential Hypertension	163	<5%

Source: County of Los Angeles, Public Health Department/LA HealthDataNow

Summary of Age-Adjusted Mortality Rates by Cause of Death

When comparing age-adjusted death rates in the service area to Healthy People 2020 objectives, the service area did not meet the objectives related to the following causes of death: coronary heart disease, homicide, and chronic liver disease. The service area experience compared to Healthy People 2020 national objectives is summarized in the table below.

Torrance Memorial Medical Center (SPA 8) Compared to Los Angeles County, State of California and Healthy People 2020 Targets 2012

Indicator	SPA 8		County Rate	CA Rate	Target Rate
	Rate	Status			
Health Status					
Coronary Heart Disease	111.4	⚠	116.7	101.3	≤ 103.4
Stroke	32.6	✓	32.8	35.1	≤ 34.8
Cancer (all sites)	148.6	✓	141.0	150.0	≤ 161.4
Lung	30.8	✓	27.5	32.9	≤ 45.5
Colorectal	12.6	✓	13.8	13.5	≤ 14.5
Prostate Cancer	18.3	✓	14.5	7.9	≤ 21.8
Female Breast	19.1	✓	20.5	11.5	≤ 20.7
Chronic Lower Respiratory Disease	30.3	✓	29.2	34.3	≤ 102.6
Diabetes-related	18.6	✓	21.9	20.6	≤ 66.6
Unintentional Injuries (all types)	21.0	✓	19.9	27.6	≤ 36.4
Motor Vehicle Accidents	6.6	✓	6.3	7.9	≤ 12.4
Homicide	6.8	⚠	5.9	5.4	≤ 5.5
Suicide	8.3	✓	7.5	10.0	≤ 10.2
Chronic Liver Disease	12.2	⚠	12.7	12.8	≤ 8.2

Source: California Department of Public Health, Death Records

Notes: Status "⚠" means Healthy People 2020 target is not being met

Status "✓" means Healthy People 2020 target is being met

Maternal and Infant Health

Measures of the number of births and birth-related outcomes are widely considered to be key indicators of a population's health. Births are described by total number and mother's race/ethnicity.

Selected birth outcomes are reported for the hospital service area. These indicators include births with late or no prenatal care, low and very low infant birth weights, and infant mortality.

To assist with providing context to the service area births, key birth demographics are compared to Los Angeles County. Of note, in comparison to Los Angeles County, the service area has a higher proportion of births to mothers of White, Asian or Pacific Islander, Black and Other/Unknown Race/Ethnicity.

The following table summarizes live births and births by mother's race/ethnicity.

Birth Demographic Highlights

Number of Live Births 2010 to 2012

	TMMC Service Area		Los Angeles County	
Year	Number of Births	Percent of Total Population	Number of Births	Percent of Total Population
2010	10,794	1.3%	139,679	1.4%
2011	10,426	1.2%	133,160	1.3%
2012	10,300	1.2%	130,312	1.3%
Three-Year Average	10,829		134,384	

Source: State of California, Department of Public Health, Birth Records

Birth by Mother's Race/Ethnicity 2012

	TMMC Service Area		Los Angeles County	
Mother's Race/Ethnicity	Number of Births	Percent of Total Births	Number of Births	Percent of Total Births
Hispanic	4,717	45.8%	75,899	57.6%
White	2,306	22.4%	24,941	18.9%
Asian or Pacific Islander	1,803	17.5%	19,389	14.7%
Black	994	9.7%	9,514	7.2%
Other/Unknown	472	4.6%	1,837	1.4%
Native American	8	0.1%	117	0.1%
Total Births	10,300	100%	131,697	100%

Source: State of California, Department of Public Health, Birth Records

Births with Late Entry into Prenatal Care

Late prenatal care is defined as the percentage of mothers who did not begin prenatal care in the first trimester (i.e. prenatal care began in the second and third trimesters and no prenatal care during pregnancy). The rate excludes births with unknown prenatal care.

Birth by Prenatal Care Trimester 2012

	TMMC Service Area		Los Angeles County	
Prenatal Care	Number of Births	Rate	Number of Births	Rate
First Trimester	8,358	81.1%	106,996	81.2%
Second Trimester	1,309	12.7%	14,905	11.3%
Third Trimester	371	3.6%	3,513	2.7%
Unknown Care	223	2.2%	5,793	4.4%
No Care	39	0.4%	490	0.4%
Total Births	10,300	100%	131,697	100%

Source: State of California, Department of Public Health, Birth Records

Summary of Maternal and Infant Health Indicators

When comparing maternal and infant health outcomes in the service area to Healthy People 2020 objectives, the service area met the objectives. The service area experience compared to Healthy People 2020 national objectives is summarized in the table below.

Torrance Memorial Medical Center (SPA 8) Compared to Los Angeles County, State of California and Healthy People 2020 Targets 2012

Indicator	Service Area		County Rate	CA Rate	Target Rate
	Rate	Status			
Pregnancy/Birth Outcome					
First Trimester Prenatal Care	81.1%	√	81.2%	81.9%	≥ 77.9%
Low Birth Weight Infants	5.6%	√	5.8%	5.6%	≤ 7.8%
Very Low Birth Weight Infants	1.2%	√	1.2%	1.1%	≤ 1.4%
Infant Outcome					
Infant Mortality Rate	4.7	√	4.4	4.7	≤ 6.0

Source: State of California, Department of Public Health, Birth Records and Los Angeles County, Department of Public Health

Notes: Status "⚠" means Healthy People 2020 target is not being met

Status "√" means Healthy People 2020 target is being met

Child and Adolescent Health Body Composition and Aerobic Capacity

A student's body composition (percent of body fat) is an important indicator related to childhood overweight and obesity. Physical activity plays a key role in increasing quality and years of healthy life.

The Los Angeles County Department of Public Health estimated the prevalence of childhood obesity among cities and communities using data from the California Physical Fitness Testing Program of 5th, 7th, and 9th grade students attending public schools in the 2014/2015 school year. The table below shows the percentage of 5th, 7th and 9th graders in the Health Fitness Zone for body composition and aerobic capacity, meeting 6 of 6 fitness standards.

Measurement of Body Composition and Aerobic Capacity School Districts in Torrance Memorial Medical Center Service Area 2014/2015 School Year

	Meets Health Fitness Zone Standards		
School District	%		
	5 th Graders	7 th Graders	9 th Graders
El Segundo	48.5%	69.3%	64.1%
Hawthorne	30.4%	38.8%	48.8%
Hermosa Beach City Elementary	54.8%	47.2%	LNE
Lawndale Elementary	14.7%	44.4%	LNE
Los Angeles Unified*	20.1%	22.1%	28.3%
Manhattan Beach Unified	60.2%	47.1%	65.3%
Palos Verdes Peninsula Unified	53.2%	55.3%	72.3%
Redondo Beach Unified	44.9%	63.3%	66.0%
Torrance Unified	40.3%	44.4%	52.1%
Los Angeles County	24.5%	29.1%	34.4%
California State	26.4%	32.5%	37.6%

Source: California Department of Education

Note: Data not available for all school districts; *Includes schools outside of the TMMC Service Area; LNE (low number event), data has been suppressed

Summary of Child and Adolescent Health Indicators

When comparing child and adolescent health indicators in the SPA to Healthy People 2020 objectives, the SPA did not meet the objectives related to health access for: health insurance (currently insured) and source of ongoing care; and related to health behaviors for: overweight or obese, and weekly physical activity.

The SPA experience compared to Healthy People 2020 national objectives is summarized in the table below.

Torrance Memorial Medical Center (SPA 8) Compared to Los Angeles County, State of California and Healthy People 2020 Targets 2014

Indicator	SPA 8		County Rate	CA Rate	Target Rate
	Rate	Status			
Health Access					
Currently Insured, Age 0 to 17	95.1*%	⚠	95.6%	95.8%	= 100%
Dental Insurance, Age 0 to 17	81.5%	--	78.2%	80.4%	--
Source of Ongoing Care, Age 0 to 17	87.8%	⚠	90.3%	91.5%	= 100%
Health Behaviors					
Overweight, Age 12 to 19	37.2*%	⚠	14.4%	16.3%	≤ 16.1%
Weekly Physical Activity, Age 14 to 17	23.6*%	⚠	16.8%	17%	≥ 31.6%
Currently Smoke Cigarettes, Age 14 to 17	15.9*%	✓	2.8*%	3.0*%	≤ 16.0%
Child Abuse and Neglect	n/a		11.2	8.7	≤ 8.5

Source: UCLA Center for Health Policy Research

Notes: * Data not statistically stable

Rate "n/a" means data is unavailable

Target rate "---" means Healthy People 2020 did not establish objective

Status "⚠" means Healthy People 2020 target is not being met

Status "✓" means Healthy People 2020 target is being met

Shading indicates data is from year 2011

Adult Health

When comparing adult health indicators in the SPA to Healthy People 2020 objectives, the SPA did not meet the objectives related to health access for: health insurance (currently insured) and source of ongoing care; and related to health behaviors for: healthy weight, obesity, weekly physical activity, and currently smoke cigarettes. The SPA experience compared to Healthy People 2020 national objectives is summarized in the table below.

Summary of Adult Health Indicators

Torrance Memorial Medical Center (SPA 8) Compared to Los Angeles County, State of California and Healthy People 2020 Targets 2014

Indicator	SPA 8		County Rate	CA Rate	Target Rate
	Rate	Status			
Health Access					
Currently Insured, Age 18 to 64	87.4%	⚠	83.5%	82.8%	= 100%
Source of Ongoing Care, Age 18 to 64	88.1%	⚠	79.9%	81.7%	≥ 89.4%
Health Behaviors					
Healthy Weight, Age 20 to 64	32.9%	⚠	33.4%	34.9%	≥ 33.9%
Obese, Age 20 to 64	30.7%	⚠	28.1%	28.2%	≤ 30.5%
Weekly Physical Activity, Age 18 to 64	32.3%	⚠	34.1%	27.4%	≥ 47.9%
Diagnosed with Diabetes, Age 18+	8.6*%	--	7.2%	6.5%	--
Diagnosed with High Blood Pressure, Age 18+	28.9%	✓	21.4%	22.1%	≤ 26.9%
Currently Smoke Cigarettes, Age 18 to 64	11.3%	⚠	11.7%	13.0%	≤ 12.0%
Binge Drinking Past Year, Age 18 to 64	28.9%	--	35.6%	37.5%	--

Source: UCLA Center for Health Policy Research

Notes: Target rate "---" means Healthy People 2020 did not establish objective

Status "⚠" means Healthy People 2020 target is not being met

Status "✓" means Healthy People 2020 target is being met

Shading indicates data is from year 2011

* Data not statistically stable

Senior Health

When comparing senior health indicators in the SPA to Healthy People 2020 objectives, the SPA did not meet the objectives related to health access for: source of ongoing care and flu shot past year; and related to health behaviors for: diagnosed with high blood pressure. The SPA experience compared to Healthy People 2020 national objectives is summarized in the table below.

Summary of Senior Health Indicators

Torrance Memorial Medical Center (SPA 8) Compared to Los Angeles County, State of California and Healthy People 2020 Targets 2014

Indicator	SPA 8		County Rate	CA Rate	Target Rate
	Rate	Status			
Health Access					
Source of Ongoing Care, Age 65+	92.0*%	⚠	92.3%	94.9%	= 100%
Flu Shot Past Year, Age 65+	54.0%	⚠	69.7%	72.7%	≥ 90%
Health Behaviors					
Healthy Weight, Age 65+	37.6%	✓	37.7%	35.5%	≥ 33.9%
Obese, Age 65+	28.8%	✓	24.8%	24.4%	≤30.5%
Diagnosed with Diabetes, Age 65+	19.9*%	--	25.2%	20.6%	--
Diagnosed with High Blood Pressure, Age 65+	60.4%	⚠	58.7%	59.9%	≤26.9%
Currently Smoke Cigarettes, Age 65+	5.0*%	✓	5.8%	5.3%	≤12.0%
Hospitalizations for Ambulatory Care Sensitive Conditions					
Congestive Heart Failure, Age 65 to 74	7.4	✓	8.5	6.7	≤8.8
Congestive Heart Failure, Age 75 to 84	16.7	✓	16.5	14.3	≤20.2
Congestive Heart Failure, Age 85+	32.6	✓	30.8	29.1	≤38.6
Fall-related Hospitalization, Age 65+	62.0*%	✓	28.0%	28.5%	--

Source: UCLA Center for Health Policy Research

Notes: Target rate "---" means Healthy People 2020 did not establish objective

Status "⚠" means Healthy People 2020 target is not being met

Status "✓" means Healthy People 2020 target is being met

Shading indicates data is from CHNA 2013

* Data not statistically stable

Community Consultation

Overview

To better understand health needs in the South Bay and how to improve health services, consultation occurred with a total of 74 community stakeholders. School nurses, health aides and school-based counselors (n=38) participated in an online survey, senior leaders of service area health and social service providers (n=23) attended a focus group, and community leaders, residents, and public health advocates (n=13) completed one-on-one personal interviews either in-person or by phone. Questions asked in the Community Consultation included the following:

Personal Interviews with community leaders, residents, and public health advocates took place between September and November 2016. The following questions were asked:

1. In your opinion, what's good about health care services in the South Bay?
2. In your opinion, what are unmet health care needs in the South Bay?
3. What do you think can be done to improve health status in the South Bay?
4. Specifically, in what ways do you think a non-profit community hospital can help to improve health status in the South Bay?

Survey of school nurses, health aides and school-based counselors was conducted in October 2016. In addition to categorical information which identified the respondent's title, position status (full-time or part-time), number of assigned schools and the school's location by city, the following questions were asked:

1. In your opinion, what are unmet health care needs of students?
2. In your opinion, what are unmet health care needs of families?
3. Based on the unmet health care needs identified above, what do you think can be done to improve health status?
4. What role do you think a community hospital can play to improve health status?

Focus Group discussion with senior leaders of service area health and social service providers was conducted on October 21, 2016. Using a round-table format with a facilitator/recorder present at each of three tables, the following questions were discussed:

1. In your opinion, what are the unmet health needs of the South Bay?
2. What role(s) do you think a community hospital can play in meeting the above health needs?

In addition to the primary data contributed, the Community Consultation constituency provided input on the Los Angeles Community Health Needs Assessment and Planning for Non-profit Hospitals Work Group's recently developed list of core indicators of health for CHNA purposes. This list was developed in order to regionally identify common health needs, develop a shared measurement system and facilitate collaboration among community partners to implement strategies to address them. Community Consultation participants reviewed and prioritized a summary of these indicators relative to the medical center's service area.

Summary from Personal Interviews

A total of 13 key stakeholders with a high level community perspective, and representing all geographic and demographic sectors of Torrance Memorial's service area, participated in the personal interviews.

Substantial unmet needs were identified in the following domains:

- Access to care
- Substance abuse
- Poverty
- Homelessness
- Education
- Support for populations with special needs

Access to care was identified in each interview. Overwhelmingly, input reflected unmet primary medical and mental health care needs. It also included dental, transportation, culturally-competent, health care navigation and accessible scheduling needs. Increasing substance abuse was correlated often with mental health issues and homelessness, and recognized as occurring independent from socio-economic status. Poverty was identified as an issue and discussed primarily in the context of a struggling family unit and pervasive food insecurity. Support for populations with special needs reflected the needs to support undocumented community members as well as the aging population.

Strategies suggested to address the identified needs broadly included:

- Increasing access to care
- Partnering with community organizations
- Offering education
- Providing advocacy
- Being strategic

More specifically, suggested strategies focused on increasing access to primary and mental health care through partnerships with federally qualified health centers and public health, expanding contracts with providers to build local options, increasing use of telemedicine, telepsychiatry and other health care extenders and exploring options with education and direct services for better navigation of the health care system. Feedback on being strategic related to maintaining financial stability of the medical center, having deliberate focus on service gaps and using health equity principles in implementing programs.

Summary from School Survey of Nurses, Health Aides and Counselors

Using an online survey tool, school nurses, school health assistants and school-based counselors were surveyed for their opinions of healthcare needs in schools located in Torrance Memorial's service area. A total of 38 surveys were completed, representing a total of 42 schools and a combined approximate enrollment of 32,261 students.

Substantial unmet needs were identified in the following domains:

- Access to care
- Education
- Nutrition/poor nutrition
- Substance abuse
- Medications at school

Access to care was identified by approximately half of the survey respondents. Overwhelmingly, input reflected unmet primary medical and mental health care needs, followed by vision care and dental care. It also included culturally-competent, health care navigation and accessible scheduling needs and access issues related to lack of parental follow through. Mental health needs primarily identified a lack of mental health support resources. Over one-third of the responses related to mental health identified anxiety, panic, stress, depression and suicidal ideation. Substance abuse and mental health issues were reported about twenty-five percent of the time in tandem. Education needs were primarily associated with health and wellness and included mental health as well as chronic disease management. Other educational needs identified were nutrition, lack of parenting skills and adolescent sexual education. Nutrition/poor nutrition was identified approximately half of the time as food insecurity. Medications at school reflected the inability of parents to supply/obtain the needed medications and issues surrounding student self-administration.

Strategies suggested to address the identified needs broadly included:

- Offering education
- Providing care
- Collaborating with schools
- Providing advocacy
- Donating resources

More specifically, suggested strategies focused on collaborating with schools and school districts. Offering education related to various topics for students and parents onsite at schools, as well as school-based health fairs, teen support groups and substance abuse and mental health education in younger grades. Strategies suggested for providing care centered in the primary care arena, followed by mental health, vision and dental. Donating resources included supplies for health offices, healthy snacks, money and shoes.

Summary from Focus Groups

A total of 23 participants representing 22 non-profit agencies serving all sectors of Torrance Memorial's service area participated in the focus group activity.

Participants at each of 3 discussion tables identified the unmet health needs in the South Bay. Each group then prioritized the top 3 unmet needs from those discussed.

- Poverty, specifically as evidenced in escalating food insecurity, **homelessness** and mental health issues
- **Lack of affordable and accessible dental care**
- Lack of available **mental health care** and support
- **Lack of resource awareness and resource access to support needs**
- **Insufficient or unaffordable transportation to access services**
- Lack of knowledge on how to use insurance/navigate the current health care system
- Lack of coordinated health care
- Insufficient culturally competent services for a highly diverse community
- Insufficient outreach to the late-teen/young adult group

Participants at each of 3 discussion tables discussed the role of a community hospital in meeting the above unmet health needs. Each table's participants, as a group, then prioritized the top 3 roles from those discussed:

- Facilitate collaboration and coalition-building among South Bay hospitals, city governments and local community agencies for resource education and referral.
- **Coordinate resource directory** and community hubs, with a navigator by issue.
- Increase access to services with **transportation** as well as via telemedicine, teledentistry and telepsychiatry
- Partner with schools to provide education on diverse topics for the school community. Focus education on early warning signs and recourses (a strategy for more effective, less costly intervention, increase coping ability and reduce mental stress)
- **Provide healthcare and insurance navigation services**, especially for underserved populations
- Increase the diversity of educational programs and offer them in the community, targeting the underserved
- Offer health screenings in the community and have an RN available at events to answer health-related questions.

Note: Bold font indicates input received from more than one discussion table

Prioritization Input: Los Angeles Community Health Needs Assessment and Planning for Non-profit Hospitals Work Group's Core Indicators of Health for CHNA purposes

In addition to providing input for the Community Consultation, stakeholders participated individually in a prioritization activity related to the Los Angeles Community Health Needs Assessment and Planning for Non-profit Hospitals Work Group's recently developed list of core indicators of health for CHNA purposes.

Stakeholders ranked health conditions in order of most to least urgent relative to the medical center's service area, or to their organization's service area if it were a sub-area of the medical center's.

2016 Community Health Needs Assessment Prioritization of Key Indicators	
<u>HEALTH CONDITIONS</u>	WEIGHTED SCORE
Mental Health	377
Diabetes	353
Drug Abuse/Drug Overdose	322
Overweight/Obesity	320
Injury (includes domestic violence, suicide, homicide, motor vehicle crashes and falls)	284
Respiratory Disease (asthma, COPD)	282
Cardiovascular Disease/Stroke	278
Cancer	275
STD and HIV disease	161
Reproductive Health	155
Alzheimer's Disease	155
Liver Disease	133
<u>SOCIAL DETERMINANTS</u>	
Access to health insurance (adults/children)	353
Adequate exercise (adults/children)	336
Food insecurity/Access to healthy foods	324
Access to dental care (adults/children)	323
Preventive care (primary, prenatal, well-woman)	310
Alcoholism	282
Smoking	235
Homelessness	232
Unemployment	223
Neighborhood crime	194
Vaccination rates (adults/children)	191
Green space/Access to parks	135
High School graduation rate	115

Section 4: Community Benefits Planning Process

In 2016, Torrance Memorial Medical Center completed a community needs assessment of the hospital service area (see **Section 3: Definition and Description of Our Community**). This needs assessment, combined with others previously completed in prior years – 1995, 1998, 2001, 2004, 2007, 2010, and 2013 – serves as the basis for developing a three-year strategic community benefits plan. Staff at Torrance Memorial Medical Center work in collaboration with a committee of community leaders to develop measurable objectives related to improving access to healthcare services, health education, promotion and wellness services; and coordination with community partners for important priorities such as disaster preparedness, care of victims of domestic violence, and health and other related services for area school districts and non-profit agencies.

On an annual basis, staff from numerous departments at the medical center conducts community benefits programs and services in support of the plan's objectives. To prepare an annual community benefits plan, a community relations liaison, in association with finance, collects information from staff regarding programs and services conducted in the fiscal year, measures of progress and the estimated unreimbursed costs associated with these programs and services.

A community benefits plan is developed by a committee of senior administrators and then reviewed and approved by the Board of Trustees. Each year, the plan is submitted to the Office of Statewide Health Planning and Development, in compliance with Senate Bill 697. A Community Benefits Report is posted on the hospital web site and is also shared with employees, physicians, volunteers and community partners and agencies through numerous channels of communication.

In Fiscal Year 2007, the medical center initiated a Board of Trustees Community Benefits Planning Committee and increased the involvement of senior management in setting priorities and monitoring progress for hospital community benefits. The Community Benefits Planning Committee reviewed the needs assessment and plan in depth and continues to monitor its progress.

Section 5: Community Benefits Plan Objectives

During Fiscal Year 2016, Torrance Memorial Medical Center continued to pursue the following objectives:

1. To continue to provide affordable and accessible healthcare services, to the extent possible.
2. To continue to provide health education, promotion and wellness services to improve the health status of the community.
3. To continue to coordinate efforts with community partners for community health improvement and education and training programs.

On an annual basis, Torrance Memorial Medical Center will monitor and report measures of plan progress. See **Section 6** for a report on the medical center's programs and services provided in Fiscal Year 2016 in support of these objectives.

Section 6: Community Benefits Plan Update

This section includes a description of programs and services provided by the medical center and an update of Fiscal Year 2016 activities. Programs and services are organized in response to the three priority categories of need identified in recently conducted needs assessments. A narrative summary of highlights follows below and detailed listings of community benefit programs and services are presented in Table 6.1, Table 6.2 and Table 6.3.

Access to Healthcare Services (see Table 6.1)

Needs assessments completed in recent years identified the need for affordable and accessible healthcare programs and services in the community, availability and accessibility of hospital emergency rooms and other healthcare services such as dental, vision and mental health.

In response, Torrance Memorial Medical Center community benefit services include: charity care for patients without the ability to pay for necessary treatment (see **Appendix A** for the Hospital's Financial Assistance Policy), absorbing the unpaid costs of care for uninsured patient and patients covered by Medi-Cal, Healthy Families, and Medicare programs, providing on-call physician services in the hospital's Emergency Department, providing psychiatric care for indigent patients, providing van transportation services for older adults and patients accessing the medical center and physician offices, and offering a 24-hour sick child care program licensed by the Department of Social Services and open to the community.

Health Education, Promotion and Wellness Services (see Table 6.2)

Needs assessments continue to identify the need for health education, information and other wellness services. Topics of interest include access to care, mental health, nutrition and exercise, weight loss, heart health, diabetes, respiratory problems, substance abuse, and medication safety.

In response, Torrance Memorial Medical Center participated in health fairs, conducted health education classes and support groups, staffed a dedicated health resource center, cancer resource center, breast examination training center, and image enhancement center; offered healthy lifestyle, nutrition, and exercise training programs for both children and adults; and provided health information via magazines, lectures brochures/pamphlets, a web site, live streaming and on-demand educational videos, cable television and a medical library.

Coordination with Community Partners (see Table 6.3)

Recently completed needs assessments indicate the need for partnerships and collaborations as a means to addressing community health needs and community disaster preparedness, including the education and training of students in healthcare careers.

In response, Torrance Memorial Medical Center participated in disaster drills and increased disaster response equipment, continued to place and update automated external defibrillators in public places, collaborated with other community non-profit agencies to support their services and augment outreach to vulnerable populations, worked with school districts in the South Bay to bridge gaps with their unmet needs, provided community information and referrals, worked with the Red Cross to organize blood drives and offered various, ongoing, clinical training skills programs for nurses and ancillary professionals.

Torrance Memorial Medical Center measures of progress for each community benefits program/service are summarized in **Table 6.1**, **Table 6.2**, and **Table 6.3**. Each table includes the following:

- Name of program/service
- Description of the program/service
- Fiscal Year 2016 update
- The category where unreimbursed costs are reported according to the framework established by Senate Bill 697 (see Table 7.1)

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.1: Programs in Response to Community Need: Improve Access to Healthcare Services

Fiscal Year 2016 Objective:
To continue to provide affordable and accessible healthcare services to the extent possible.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Charity Care	Non-billed services to hospital patients who could not afford to pay	<ul style="list-style-type: none"> Continued to apply hospital Financial Assistance Policy for full charity care and discount partial charity care policies 	Medical Care
Subsidy of Medically Indigent Patients	Uninsured patients, Medi-Cal and Healthy Families patients and low-income Medicare patients who are also eligible for Medi-Cal	<ul style="list-style-type: none"> Continued services to low income patients, as needed Provided physician compensation for uninsured patients 	Medical Care
Subsidy of Medicare Program	Government sponsored program for medical coverage of patients over 65 or disabled and non-indigent	<ul style="list-style-type: none"> Continued services to Medicare covered recipients 	Medical Care
Physician On-Call Emergency Coverage	Coverage arrangements to maintain specialized physician services especially for uninsured patients and Medi-Cal patients in Torrance Memorial Emergency Department	<ul style="list-style-type: none"> Continued to maintain physician coverage 	Medical Care
Psychiatric Care of Indigent Patients	Provide assessment by a P.E.T. and fund psychiatric hospitalization as appropriate	<ul style="list-style-type: none"> Arrangements made with hospitals as appropriate to care for indigent patients with mental health and medical care needs. 	Medical Care
Van Transportation	Provide van transportation services for older adults and patients accessing the medical center, physician offices or Family Medicine Center of Carson	<ul style="list-style-type: none"> Furnished van transportation for 4,662 patient trips 	Other – Vulnerable
TLC – Mildly Sick Child Care	Provide a sick-child care program licensed by the Department of Social Services for infants to children age 13 who are mildly ill and in need of supervision so that parents can work.	<ul style="list-style-type: none"> Served 799 children after an appropriate assessment 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2016 Objective:

To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Health Education Classes	Provide a variety of health education classes addressing safety, wellness, disease management, stress management, exercise and relaxation	<ul style="list-style-type: none"> Completed 7,150 enrollments in a full range of classes for staying well and keeping fit. Continued to offer the Miracle of Living series, hosting 14 free community health lectures serving 2,158 attendees Maintained the Learning Garden in collaboration with the City of Torrance and provided low-cost, hands-on instruction in growing organic edibles serving 89 people. Continued a free Integrative Medicine lecture series, serving over 730 people Collaborated with a rheumatologist to develop a free, 4-week Fibromyalgia Patient Education Program and advanced self-management workshops, and educated 87 patients. 	Other – Community
Health Fairs	Provide health fairs for community residents and employees of local businesses. Topics include heart health, nutrition, weight loss, diabetes, prenatal care, medication safety, and respiratory problems. Blood pressure, body fat, diabetes, cholesterol, and respiratory screenings are provided as appropriate.	<ul style="list-style-type: none"> Participated in 48 health fairs throughout the service area, providing free health education, 5,354 blood pressure, 3,021 body fat screenings and over 480 HgA1c screenings Attended 4 community events, providing 358 pulmonary function screenings and 125 pediatric asthma screenings. 	Other – Community
Speakers Bureau	Provide health promotion and information to community and business groups on a variety of health-related topics, as requested	<ul style="list-style-type: none"> Presented free programs at 31 locations for over 1,405 persons 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2016 Objective:

To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
ADVANTAGE Program	Offer a network of free and low-cost, programs and services for adults age 50 years and older, including health education, exercise, Medicare assistance, medication management, fall prevention and general wellness services	<ul style="list-style-type: none"> • Maintained fall prevention program with an advanced exercise class for progressing participants in strength and balance with annual enrollment of 198. • Maintained free senior exercise classes in collaboration with the City of Carson serving 5,833 in muscle strengthening • Maintained senior exercise program in collaboration with the City of Lomita serving 1,767 in muscle strengthening • Updated program membership database to 16,857 members with 333 new members. • Senior enrollment in classes totaled 4,903. • Mailed free newsletters 4 times a year to over 55,000 households each mailing • Provided ongoing meeting space and print services for SB Village a new non-profit helping seniors to remain in their own homes, and active in the community with help from volunteers. 	Other – Community
Medical Library	Provide medical education information for students, physicians, patients and family members, and the community	<ul style="list-style-type: none"> • Served 675 healthcare professionals and 57 patients/community members 	Other – Community
<u>Pulse</u> Magazine	Create a community publication showcasing community benefits programs, preventative services, new technology, local non-profits and featuring inspirational wellness stories of local residents	<ul style="list-style-type: none"> • Mailed magazine 3 times a year to 95,000 households, and distributed an additional 5,000 throughout the community 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2016 Objective:

To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Educational Media and Web Videos	Provide health education and health promotion information to various audiences including cable television viewers, local residents, ADVANTAGE members, hospital patients and the community at large	<ul style="list-style-type: none"> Maintained free, public access to health education lectures and programming via online live-stream and on-demand views; 22 lectures were accessible for live-stream/on-demand with 994 total views. 	Other – Community
Health Resource Center (HealthLinks)	Provide easy-to-understand healthcare information and resources, or other direct assistance for patients, family members and the community. Free community resource packets are available on 15 topics such as family caregiving, dementia, driver safety, medication safety, stroke and disaster preparedness.	<ul style="list-style-type: none"> Services provided to over 7,500 visitors Continued to make available free community resource and information packets on topics needed by family caregivers Provided progress checks for over 220 newborns via free baby weight checks with feedback to a lactation consultant as needed Maintained lactation room for community use with 119 documented visits to breastfeed and 70 visits to pump and store breast milk Provided a hospital-grade breast pump at no cost to medically indigent post-partum patients as needed. Provided merchandise and gift basket donations for silent auction fundraising for local non-profit groups including the clergy network, Community's Child, and Las Candalistas 	Other – Community
Support Groups	Host over 20 ongoing support groups, including amputee, caregiver, diabetes, cancer, heart disease, lymphedema, medication management, meditation, stroke, depression, and nicotine anonymous	<ul style="list-style-type: none"> Provided free, ongoing support and education for patients and family members, coordinated by hospital staff or in collaboration with local non-profit and health organizations 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2016 Objective:

To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Healthy Ever After for Kids Program (previously Kids N Fitness®)	Conduct a community-based program to assist children and their families to make better lifestyle choices with an emphasis on healthier eating habits and increasing physical activity.	<ul style="list-style-type: none"> Held 6 free, 5 to 6-week programs at Torrance South-Bay YMCA with enrollment of 34 children (age 6-13) and 31 adults providing both with age-specific nutrition education & counseling Maintained school-based nutrition curriculum in 16 elementary schools in partnership with Torrance Unified School District and Torrance District Food Services, serving about 10,000 students. Educated approx. 300 parent docents in 4 nutrition lessons for "Healthy Ever After" Provided height/weight measurements in 17 schools for pupils who had permission (about 5,700). Letters were sent to every student's parents with BMI result (or a description of what was done for those parents who did not give permission). Follow up consultation was provided as requested. Families not strongly connected to primary care received a fasting metabolic lab panel and a 1-hr consultation with a pediatric nutritionist at no cost. (5 students) 	Other – Community
Bereavement Services and Hospice	Provide counseling, education, support groups and an information resource center for individuals who are grieving the loss of a loved one	<ul style="list-style-type: none"> Continued financial support for Caring House, an outpatient hospice care home Hosted 4 on-site weekly bereavement support groups serving 825 people Held annual Memories of Mother Tea with 123 guests attending, and Light Up A Life hosting 189 guests. 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2016 Objective:

To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Cancer Resource Center	Provide information and education to patients and healthcare professionals about a wide variety of cancer-related subjects including prevention, early detection, diagnosis, treatment and support services and provide psychosocial support services for patients and caregivers	<ul style="list-style-type: none"> • Provided 1,263 one-on-one communications for guidance via mail, phone, email, hospital visits and walk-ins • Provided 933 contacts at on-site cancer support groups for cancer patients, survivors and caregivers. • Held 26th Annual Oncology Symposium for 125 healthcare professionals • Held Oncology Nursing review course attended by 50 healthcare professionals • In collaboration with Medical Staff library participated in professional education for 445 physicians and other professional healthcare providers • Conducted 1 onsite community presentation for 90 participants • Provided 2 presentations (one on breast cancer and one on lung cancer) for the community through the Miracle of Living to 165 participants • Held 4 sessions of "Look Good/Feel Better" for 18 participants • Provided ongoing outreach and support services for 2 community partner orgs • Participated in American Cancer Society's Relay For Life • Provided 40 free one-on-one navigation consultations and communications with patients with diagnoses including but not limited to urologic, hematologic and gynecologic cancers 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

<p>Fiscal Year 2016 Objective: To continue to provide health education, promotion, and wellness services to improve the health status of the community.</p>			
Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Image Enhancement Center for Cancer Patients	Provide cancer patients with image enhancement techniques by specially trained Image Enhancement volunteers	<ul style="list-style-type: none"> Gave private instruction to 45 women on use of makeup, scarves/hats, and hairpieces. 	Other – Community
Breast Navigation Program	Offer education and support via a registered nurse with specialized training to help manage services for patients throughout the continuum of care from diagnosis to survivorship. Works collaboratively with Survivor Program coordinator.	<ul style="list-style-type: none"> Provided 3,696 free one-on-one navigation consultations and communications for cancer patients and patients diagnosed with a high-risk non-cancer lesion. 	Other – Community
Breast Examination Training Center	Offer education via a registered nurse teaching women breast self-examination and how to recognize early signs of breast disease	<ul style="list-style-type: none"> Gave 27 women group instruction Provided pre-op education to 67 women on mastectomy and breast reconstruction options and care Presented 2 community lectures for local businesses serving 170 people. 	Other – Community
Lung Navigation Program	Offer education and support via a registered nurse with specialized training to help manage services for patients throughout the continuum of care from diagnosis to survivorship. Works collaboratively with Survivor Program coordinator.	<ul style="list-style-type: none"> Provided 3,142 free one-on-one navigation consultations and communications for patients with lung cancer, patients with an identified incidental lung nodule and patients participating in the Low Dose Lung Cancer Screening program 	Other – Community
Smoking Cessation Program “Freedom From Smoking”	Offer education and support provided by a certified facilitator who assists people in development of a step-by-step plan for quitting smoking	<ul style="list-style-type: none"> Provided 35 smokers with group instruction, guidance and support to quit smoking 	Other – Community
GI Navigation Program	Offer education and support via a registered nurse with specialized training to help manage services for patients throughout the continuum of care from diagnosis to survivorship. Works collaboratively with Survivor Program coordinator.	<ul style="list-style-type: none"> Provided 766 free and one-on-one navigation consultations and communications for patients diagnosed with colorectal and hepatobiliary cancers 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2016 Objective:

To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Cancer Survivorship Care Program	Assist patients, family members and friends before, during and after a diagnosis of cancer with information, education and support	<ul style="list-style-type: none"> • Total one-on-one guidance provided for 393 people via mail, phone, email or visits • Conducted 3 events serving 435 survivors to provide education on healing and finding meaning after cancer treatment, managing psychosocial changes that accompany survivorship and understanding the secondary health risks after cancer treatment for the heart and bones. 	Other – Community
Heart Failure Program	Conduct a comprehensive program led by a nurse practitioner to reduce the rates of hospital readmissions, decrease symptoms, and improve functioning and overall quality of life for patients living with heart failure.	<ul style="list-style-type: none"> • Achieved Gold Plus recognition from the American Heart Association for maintaining an 85% or higher compliance with core standard levels of care in heart failure treatment for 24 consecutive months as well as maintaining at least 75% compliance in 4 added measures. • Received Target Heart Failure Honor Roll for demonstrating 50% or greater compliance in 3 key measures • Received Joint Commission certification for advanced heart failure program • Sponsored Heart Walk to support the American Heart Association and raise awareness for cardiovascular health • Donated body weight scales to 15 heart failure patients unable to afford one. 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2016 Objective:

To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Lundquist Cardiovascular Institute and Primary Stroke Center	Utilize a multidisciplinary team of healthcare professionals to address the unique and specialized needs of cardiac and stroke patients. Education events focus on physiology, recognizing signs/symptoms, prevention, risk factor modification, diet/exercise, knowing your numbers, and smoking cessation.	<ul style="list-style-type: none"> Continued strong partnership with Torrance-South Bay YMCA to offer the Diabetes Prevention Program (DPP), an evidence-based, CDC-led, 12 month exercise, nutrition and education program targeted to those with pre-diabetes. 10 sessions were offered serving 100 people with an average group weight loss of 5%. Provided 219 HgA1c screenings and identified 103 people with pre-diabetes Added 2 DPP sessions to Wilmington YMCA, conducted in Spanish Expanded DPP to San Pedro YMCA Collaborated with Vitality Program to on-board the DPP as a benefitted wellness option for employees Raised community awareness of the signs and symptoms of stroke. Educated clinicians, caregivers, patients and family on the most effective treatments, efficient rehabilitation techniques and prevention Conducted 3 community presentations on heart health reaching over 120 persons Achieved Gold Plus Quality Achievement Honor Roll, from the American Heart Association (AHA) Sponsored AHA's South Bay Go Red for Women to promote women's heart health 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.2: Programs in Response to Community Need: Health Education, Promotion and Wellness Services

Fiscal Year 2016 Objective:

To continue to provide health education, promotion, and wellness services to improve the health status of the community.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Diabetes Program	Provide education to improve diabetes management and self-care, with the goal of preventing complications that can lead to hospitalization	<ul style="list-style-type: none"> Continued RN-led bi-monthly evening and daytime support groups for ongoing education in diabetes management and served 108 people Continued to support the Torrance South-Bay YMCA Community Advisory Committee for promotion of the Diabetes Prevention Program. Provided silver sponsorship of the American Diabetes Association Tour de Cure 2016 	Other – Community
HealthLine Information	Provide telephone information and referrals to callers seeking assistance	<ul style="list-style-type: none"> Provided over 2,000 information referrals and over 350 Medi-Cal related referrals 	Other – Vulnerable
Continuing Medical Education Activities	Provide education lectures and conferences for physicians, nurses and other healthcare professionals	<ul style="list-style-type: none"> Provided 236 IMQ/CMA accredited continuing medical education activities for more than 3,360 physicians and 650 allied healthcare professionals Held symposiums on patient care, oncology, cardiology, pain management, diabetes, geriatrics, chemical dependency, and pediatrics/perinatology 	Education & Training

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2016 Objective:

To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Disaster Preparedness/Terrorism Response	Coordinate community disaster and terrorism response plans addressing mitigation, preparedness, response, and recovery from emergency or catastrophic events. Plans include communications, resources, safety and security, training and education, utilities management, and the ability to continue to provide clinical services throughout the event. Coordination of Torrance Memorial's response plan with that of outside agencies, such as police, fire, and EMS, is the core of this program.	<ul style="list-style-type: none"> • Participated in state, county, and local community disaster response planning through bimonthly hospital coalition meetings, quarterly regional area response meetings, disaster symposiums and annual preparedness conferences. • Conducted disaster classes outlining department-specific, discipline specific and individual response preparedness, development of home emergency plans • Hosted the South Bay HAM for ongoing meetings, trainings, drills and conferences • Hosted a Community Response Planning meeting with Torrance Fire Department (TFD) and City Medical Director in response to the recent refinery incidents • Participated in Annual Sidewalk CPR day providing free CPR instructions to 64 South Bay residents; volunteered with TFD in the local community at Del Amo Mall • Conducted annual community-wide drill with 1st responder community from City, Police, Fire and hospitals and drilled to test capability of mass decontamination showers with 30 volunteers going through • Participated in the annual California Shake-Out Earthquake preparedness drill to practice 'Drop, Cover & Hold On' • Gave presentation on "Safety Preparedness" for Torrance Retired Seniors Employees 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2016 Objective: To continue to coordinate efforts with community partners for community health improvement and education and training programs.			
Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Public Access Defibrillation (PAD)	Provide AED/PAD awareness training, CPR and Heartsaver AED courses, maintain integrity of currently placed units at public sites and increase the number of AEDs at public sites.	<ul style="list-style-type: none"> Continued to support 197 community AEDs; 3 AED-required incidents were reported. Updated and maintained defibrillators currently placed at 88 sites Provided onsite AED training for users as requested Conducted CPR/Heartsaver AED classes 	Other – Community
Support of Local Non-Profit Agencies	Provide ongoing meeting room space and interagency access to community-based organizations working with underserved and vulnerable populations to other promote each other's programs and services, share resources and information and referral, enhance their outreach efforts and provide inter-agency networking.	<ul style="list-style-type: none"> Offered 63 scholarships to clients of the Pregnancy Help Center to attend child birth and baby care classes at no cost Provided free CPR/First Aid to approx. 30 staff members of local non-profit agencies serving low-income individuals and families including South Bay Children's Health Center, Pediatric Therapy Network and ComfortZone Provided private office space on a weekly basis to the Center for Healthcare Rights to give free assistance to Medicare beneficiaries. 111 consults were provided. Partnered with AARP to offer 22 onsite Senior Smart Driver sessions serving 302 drivers Provided regular meeting space for LA Teenshop, a teen mentor group focusing on increased self-esteem, leadership skills, community service and public speaking. 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2016 Objective:

To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Blood Donor Center	Increase awareness and response within the community and with employees to prevent seasonal blood crises and increase the number of units collected	<ul style="list-style-type: none"> Continued to increase the number of monthly employee and community donors Worked with Adopt-a-School partner and 1 local church to conduct 2 blood drives 	Other – Community
Health Services for South Bay School Districts	<p>Collaborate with South Bay school districts to address unmet needs by supplying resources and/or providing information or community referrals</p> <p>Continued Adopt-a-School partnership with Calle Mayor Middle School (CMMS) as part of the Torrance Area Chamber of Commerce's Adopt-a-School program.</p>	<ul style="list-style-type: none"> Hosted the Visions of Unity Awards in collaboration with Torrance high schools to recognize young artists/writers, cultivate creative talents and practice arts advocacy Continued sponsorship of a medical advisory board for a local school district to addresses issues that impact the district Continued Family and Friends level CPR training for CMMS students, integrated with the Life Management curriculum Continued to provide support for edible garden for Special Needs student body; provided funds to purchase a shed to store tools, hoses and other gardening supplies Funded purchase of chair racks to replace bent and broken chair rack system, and replacement of soccer goal posts Funded construction costs to build a counter in attendance office to better assist students with special needs and enable a space for them to work as office assistants Donated twenty-five \$5 incentive gift cards to students for participation in the Student Recycling Program Continued to sponsor quarterly Bulldog Awards, a student citizenship award for school and community involvement 	Other – Community

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2016 Objective:

To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Services to Support Homeless, Low-income and Working Poor	<p>Collaborate with health and social service providers or other non-profit agencies to support their services and augment outreach to vulnerable populations</p> <p>Collaborated with South Bay Children's Health Center (SBCHC), an agency providing quality mental and oral health programs for underserved children and youth, on the Community Health and Wellness (CHWP) grant to provide services in the Centinela Valley region</p>	<ul style="list-style-type: none"> Continued strong collaboration with Providence Little Company of Mary on First5 LA's "Welcome Baby" Program, targeting pre- and post-natal mothers living in Wilmington to promote overall health during the first year of life, ensure children have health coverage and receive consistent healthcare, increase breastfeeding rates, and ensure new parents have a safe home environment. Provided community grant to Pediatric Therapy Network for Home-based Early Head Start Program serving pre- and post-natal mothers from disparate Torrance zip codes 90501, 90503, and 90505 Continued partnership with Community's Child to conduct 3rd Annual Family Health Day serving 77 families with children; Donated services from the medical center included diabetes, anemia, blood pressure and BMI screenings and pediatric growth assessments. Participated in 12 CHWP events resulting in 788 encounters Provided successful follow-up by case manager with 103 families. Of these, 77 families (75%) were referred with 43% needing dental, 14% housing, 12% medical homes, 12% health insurance, 9% SBCHC Child Guidance Clinic, 4% to other therapy and 6% to other resources. 	Other – Vulnerable

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2016 Objective: To continue to coordinate efforts with community partners for community health improvement and education and training programs.			
Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Services to Support Homeless, Low-income and Working Poor (cont)	Partner with Harbor Interfaith Services - HIS assists the homeless and working poor to achieve self-sufficiency with food, shelter, transitional housing, child care, education, job placement, and counseling (cont.)	<ul style="list-style-type: none"> • Provided flu shot clinics as requested • Supported Harbor Interfaith's 9th Annual Gala benefitting shelter services, child care and family support services. • Funded 7th year of grant funds disbursed to support the Children's Center, which lost county funds in an allocation reduction. • Provided scholarships to CPR classes for HIS clients as needed for job qualification or to obtain vocational certification • Purchased 10 boxes of reusable grocery bags to support food distribution services of the Family Resource Center • Facilitated giving opportunity between Calle Mayor Middle School and Harbor Interfaith (HIS). Students sold candy grams and bought Target gift cards to donate to HIS clients • Donated miscellaneous items throughout the year including baby supplies and food. • Organized employee giving opportunities for food and toy drives; adopted families for the holidays, with gifts and complete meals. General donation items included bags of clothing, cash donations, food, and grocery gift cards. • Joined consortium of South Bay hospitals, Harbor Interfaith Services and co-facilitated by South Bay Coalition to End Homelessness to begin discussion on strategies to improve hospital and recuperative care for homeless patients 	Other – Vulnerable

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

Fiscal Year 2016 Objective:

To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Training and Career Preparation for Nursing and Ancillary Personnel	Conducted various programs – Preceptors/preceptees, internships, graduate student experiences, and affiliations – to train and prepare students for healthcare careers	<ul style="list-style-type: none"> • Collaborated with area nursing schools to provide 96 students the opportunity to observe instruction methods in childbirth, baby care and breastfeeding classes • Participated in clinical partnerships with 23 schools of nursing • Contracted with local schools of nursing to use our simulation lab to provide hands-on experience with interactive manikins using selected patient scenarios. • Served as active participants in schools of nursing advisory councils. • Contracted with over 34 schools to place non-nursing students at TMMC (pharmacy techs, scrub techs, radiation therapists, radiology techs, physical and occupational therapists and techs, dieticians, respiratory techs, paramedics/EMTs, MRI/nuclear med and ultrasound techs, central service techs, medical physicists, counselors, speech pathologists and techs, etc.) • Sponsored a Certified Lactation Education training program; 40 people trained • Hosted 30 healthcare professionals (nurses, managers, and physicians) from Japan in tours of the medical center 	Education & Training

TORRANCE MEMORIAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR 2016

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

<p>Fiscal Year 2016 Objective: To continue to coordinate efforts with community partners for community health improvement and education and training programs.</p>			
Program/Service	Description of Program/Service	Fiscal Year 2016 Update	SB 697 Category
Thelma McMillen Adult and Teen Outpatient Program	Provide free and confidential consultations with a trained multidisciplinary team of physicians, psychologists, certified chemical dependency counselors for youth 13 – 17 troubled by drugs and alcohol.	<ul style="list-style-type: none"> • Provided 6-week prevention program, First Step, for parents and teens at no cost serving approximately 75 families • Provided free drug-testing for adolescents serving approximately 100 teens • Counselors met with 550 students individually and in groups. • Substances abuse counselors provided consultations at 9 high schools and several middle schools. • Provided in-service training for school staff. • Presented educational lectures for parents. • Served on drug task forces in several school districts. • Assisted in Red Ribbon Week activities • Collaborated with Torrance PD and Behavioral Health Services to conduct 2 Drug Take-Back events, collecting 80 bins of unused/expired prescription medications and sharps for safe disposal • Collaborated with Behavioral Health Services and the City of Torrance to host “Drugs Kill Dreams,” a Prevention Youth Summit for teens and parents to build awareness about underage drinking and the dangers of drug use 	Other – Community

Section 7: Economic Value of Community Benefits

In Fiscal Year 2016, the economic value of community benefits provided by Torrance Memorial Medical Center is estimated at **\$112,970,798**. **Table 7.1** summarizes the unreimbursed costs of these community benefits according to the framework specifically identified by Senate Bill 697:

- Medical care services
- Other benefits for vulnerable populations
- Other benefits for the broader community
- Health research, education, and training programs

Non-quantifiable Benefits

In addition to the value of these services, Torrance Memorial Medical Center provided the following non-quantifiable benefits (a category specifically identified in Senate Bill 697) in Fiscal Year 2016:

- Indirect costs of a program to provide outpatient services for chemically dependent adolescents, adults and their families. In 2016, Torrance Memorial Medical Center continued to provide a free, local professional development series attended by approximately 1,500 healthcare professionals as well as partnering with The Center for Discovery to offer professional development to approximately 400 professionals. In addition, the hospital continued to perform free, confidential assessments, host ten weekly 12-Step and three other support group meetings, and host monthly EAPA and South Bay Coalition meetings, South Bay Therapists SB MFT meetings and CEAP trainings for the more than 1,400 people that attended. Staff attended over 24 community meetings for school counselors, nurses, social workers, students, parents, employers, police and city officials.

**Table 7.1: Estimated Economic Value of Community Benefits Provided by Torrance Memorial Medical Center
In Fiscal Year 2016**

Senate Bill 697 Category	Programs and Services Included ^a	Unreimbursed Cost
Medical Care Services	Subsidy of Medically Indigent Patients ^b	\$23,834,390
	Charity Care ^c	\$1,673,900
	Subsidy of Medicare Program	\$82,951,544
	Other Medical Services	\$1,955,354
Other Benefits for Vulnerable Populations ^d	Van transportation, support of local non-profits, and referrals to local resources	\$353,629
Other Benefits for the Broader Community ^d	Health fairs, health education classes, educational tapes, information, support groups, web site, resource centers, and collaboration with school districts and local agencies	\$1,755,400
Health Research, Education and Training Programs ^d	Continuing education programs, disaster preparation training, career preparation programs for nursing and ancillary personnel	\$446,581
	GRAND TOTAL	\$112,970,798

^aSee Table 6.1, Table 6.2, and Table 6.3 for programs and services listed in the corresponding Senate Bill 697 categories.

^bSubsidy of Medically Indigent Patients refers to uninsured patients, Medi-Cal and Healthy Families patients and low-income Medicare patients who are also eligible for Medi-Cal. The unreimbursed cost associated with these patients is calculated as the different between the cost of care (using the aggregate cost-to-charge ratio) and the government and other payors' reimbursement

^cCharity care cost is provided according to criteria defined by the hospital policy (see Appendix A). Its value was determined by applying the hospital cost-to-charge ratio in 2016 to the total charges for patients classified as charity patients.

^dUnreimbursed costs may include an average hourly rate for labor (plus benefits), supplies, materials and other purchased services. Costs are estimated by each coordinating department responsible for providing the program/service.

Appendix A: Financial Assistance Policy

Appendix A includes Torrance Memorial Medical Center Financial Assistance Policy for Full Charity Care and Discount Partial Charity Care Policies



Department:	ADMINISTRATION
Policy/Procedure:	FINANCIAL ASSISTANCE POLICY Full Charity Care and Discount Partial Charity Care Policies

PURPOSE

Torrance Memorial Medical Center (TMMC) is a non-profit organization which provides hospital services to the community of Torrance and the greater South Bay area of Southern California. Torrance Memorial Medical Center is committed to meeting the health care needs of all patients in the community, including those who may be uninsured or underinsured. As part of fulfilling this commitment, TMMC provides medically necessary services, without cost or at a reduced cost, to patients who qualify in accordance with the requirements of this Financial Assistance Policy. This policy defines the TMMC Financial Assistance Program; its criteria, systems, and methods.

California acute care hospitals must comply with Health & Safety Code requirements as well as regulations under section 501(r) of the Affordable Care Act for written policies providing discounts and charity care to financially qualified patients. This policy is intended to meet such legal obligations and provides for both charity care and discounts to patients who financially qualify under the terms and conditions of the Torrance Memorial Medical Center Financial Assistance Program.

The Finance Department has responsibility for general accounting policies and procedures. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at TMMC. This includes the handling of patient accounting transactions in a manner that supports the mission and operational goals of Torrance Memorial Medical Center.

SCOPE

The Financial Assistance Policy will apply to all patients who receive medically necessary services at TMMC. This policy pertains to financial assistance provided by Torrance Memorial Medical Center. All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with this policy.

Introduction

Torrance Memorial Medical Center strives to meet the health care needs of all patients who seek inpatient, outpatient and emergency services. TMMC is committed to providing access to financial assistance programs when patients are uninsured or underinsured and may need help in paying their hospital bill. These programs include government sponsored coverage programs, full charity care, and discount partial charity care as defined herein.

The Charity Care Policy is applicable to all Emergency Room Physicians who provide emergency care at TMMC. All Emergency Room Physicians are contracted with TMMC and are required to participate in the application of this policy as a condition of their contractual relationship with TMMC. (See Addendum B for a complete list of TMMC providers and those who participate in this financial assistance policy.)

Full Charity Care and Discount Partial Charity Care Defined

Full Charity Care is defined as any medically necessary¹ inpatient or outpatient hospital service provided to a patient who is unable to pay for care and who has established qualification in accordance with requirements contained in the TMMC Financial Assistance Policy.

Discount Partial Charity Care is defined as any necessary inpatient or outpatient hospital service provided to a patient who is uninsured or underinsured and 1) desires assistance with paying their hospital bill; 2) has an income at or below 450% of the federal poverty level; and 3) who has established qualification in accordance with requirements contained in the TMMC Financial Assistance Policy.

Depending upon individual patient eligibility, financial assistance may be granted for full charity care or discount partial charity care. Financial assistance may be denied when the patient or other responsible family representative does not meet the TMMC Financial Assistance Policy requirements.

Full Charity Care and Discount Partial Charity Care Reporting

TMMC will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with regulation, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations. As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

TMMC will provide OSHPD with a copy of this Financial Assistance Policy which includes the full charity care and discount partial charity care policies within a single document. The Financial Assistance Policy also contains: 1) all eligibility and patient qualification procedures; 2) the unified application for full charity care and discount partial charity care (Addendum A); and 3) the review process for both full charity care and discount partial charity care. These documents shall be supplied to OSHPD every two years or whenever a significant change is made.

Charity care will be reported as an element of the hospital's annual Community Benefit Report submitted to OSHPD and any other appropriate state agencies.

¹ Medically necessary services are defined as any hospital inpatient, outpatient, or emergency medical care that is not entirely elective for patient comfort and/or convenience.

Full and Discount Eligibility: General Process and Responsibilities

Eligibility is defined for any patient whose family² income is less than 450% of the current federal poverty level, if not covered by third party insurance or if covered by third party insurance and unable to pay the patient liability amount owed after insurance has paid its portion of the account.

The TMMC Financial Assistance Program utilizes a single, unified patient application for both Full Charity Care and Discount Partial Charity Care. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. The financial assistance application provides patient information necessary for determining patient qualification by the hospital and such information will be used to qualify the patient or family representative for maximum coverage under the TMMC Financial Assistance Program.

Eligible patients may qualify for the TMMC Financial Assistance Program by following application instructions and making every reasonable effort to provide the hospital with documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the program. Eligibility alone is not an entitlement to coverage under the TMMC Financial Assistance Program. TMMC must complete a process of applicant evaluation and determine coverage before full charity care or discount partial charity care may be granted.

The TMMC Financial Assistance Program relies upon the cooperation of individual patients who may be eligible for full or partial assistance. To facilitate receipt of accurate and timely patient financial information, TMMC will use a financial assistance application. All patients unable to demonstrate financial coverage by third party insurers will be offered an opportunity to complete the financial assistance application. Uninsured patients will also be offered information, assistance and referral to government sponsored programs for which they may be eligible. Insured patients who are unable to pay patient liabilities after their insurance has paid, or those who experience high medical costs, may also be eligible for financial assistance. Any patient who requests financial assistance will be asked to complete a financial assistance application.

The financial assistance application should be completed as soon as there is an indication the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged. A patient has a minimum of 240 days following the first post-discharge billing statement to submit an application. However, accounts for which no financial assistance application has been received, or for which a partial application has been submitted, may be sent to collection not sooner than 120 days following the first post-discharge billing statement, as described in the TMMC Credit & Collection policy.

² A patient's family is defined as: 1) For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and 2) For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent of caretaker relative.

Completion of a financial assistance application provides:

- Information necessary for the hospital to determine if the patient has income sufficient to pay for services;
- Documentation useful in determining qualification for financial assistance; and
- An audit trail documenting the hospital's commitment to providing financial assistance.

However, a completed financial assistance application is not required if TMMC determines it has sufficient patient financial information from which to make a financial assistance qualification decision.

PROCEDURES

Qualification: Full Charity Care and Discount Partial Charity Care

Qualification for full or discount partial financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability, religion, or any other status granted legal protection under the law.

The patient and/or patient family representative who requests assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide information necessary for the hospital to make a financial assistance qualification determination. The hospital will provide guidance and/or direct assistance to patients or their family representative as necessary to facilitate completion of program applications. Completion of the financial assistance application and submission of any or all required supplemental information will be required for establishing qualification for the Financial Assistance Program, except in cases, where TMMC may make presumptive determinations of eligibility. Required supplemental supporting documents are listed in the financial assistance application.

Financial Assistance Program qualification is determined after the patient and/or patient family representative establishes eligibility according to criteria contained in this policy. While financial assistance shall not be provided on a discriminatory or arbitrary basis, the hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.

Patients or their family representative may complete an application for the Financial Assistance Program. The application and required supplemental documents are submitted to the Patient Financial Services department at TMMC. This office is identified on the application instructions. TMMC will make reasonable efforts to obtain a completed financial assistance application and use all methods outlined in IRS regulation 501(r) to publicize this information, including but not limited to notification of financial assistance as a condition of admission, posting plain language summary, Financial Assistance Policy and financial assistance application on its website, making hardcopies of the plain language summary, Financial Assistance Policy and application available upon admission and accepting application information orally. (If the application is completed

orally, the patient or family member must still sign the application and submit required documentation.)

TMMC understands that certain patients may be unable to complete a financial assistance application, comply with requests for documentation, or are otherwise nonresponsive to the application process. As a result, there may be circumstances under which a patient's qualification for financial assistance is established without completing the formal assistance application. Under these circumstances, TMMC may utilize other sources of information to make an individual assessment of financial need. This information will enable TMMC to make an informed decision on the financial need of non-responsive patients utilizing the best estimates available in the absence of information provided directly by the patient. Additionally, homelessness shall also be a condition for granting presumptive eligibility under this policy.

TMMC may utilize a third-party to conduct an electronic review of patient information to assess financial need. This review utilizes a healthcare industry recognized model that is based on public record databases. This predictive model incorporates public record data to calculate a socio-economic and financial capacity score that includes estimates for income, assets and liquidity. The electronic technology is designed to assess each patient to the same standards and is calibrated against historical approvals for TMMC financial assistance under the traditional application process.

The electronic technology will be deployed prior to bad debt assignment after all other eligibility and payment sources have been exhausted. This allows TMMC to screen all patients for financial assistance prior to pursuing any extraordinary collection actions. The data returned from this electronic eligibility review will constitute adequate documentation of financial need under this policy.

When electronic enrollment is used as the basis for presumptive eligibility, the discount whether full or partial will be granted for eligible services for retrospective dates of service only. If a patient does not qualify under the electronic enrollment process, the patient may still be considered under the traditional financial assistance application process. To patients not qualifying through this process, TMMC will provide them with a written notice informing them that financial assistance is available.

Patient accounts granted presumptive eligibility, which qualify for the full charity discount, will be reclassified under the financial assistance policy. They will not be sent to collection, will not be subject to further collection actions, will not be notified of their qualification and will not be included in the hospital's bad debt expense.

Patients whose accounts are determined to be presumptively eligible for partial discounted charity care shall receive the following:

- a. A notification informing the patient of the basis for the presumptive eligibility determination.
- b. Information on how the patient or their family may apply for more generous assistance.

- c. At least an additional 120 days in which to apply for more generous financial assistance before being sent to collection. TMMC shall not initiate extraordinary collection actions for at least 240 days following the first billing statement. Notwithstanding the foregoing, TMMC shall not send any account to collections without first providing 30 days' notice of intent to initiate collection actions and shall make reasonable efforts to notify the patient of financial assistance programs.
- d. A bill indicating the amount due after applying all applicable charity discounts.

Upon receipt of a completed application, in which the patient applies for more generous financial assistance, TMMC will make a timely determination and notify the patient of the final determination.

If the patient or family has a pending application for another health coverage program while applying for financial assistance/charity care, the pending application for other health coverage program shall not preclude eligibility for TMMC charity care.

TMMC will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response.

A financial assistance determination will be made only by approved hospital personnel according to the following levels of authority:

Director of Patient Financial Services: Accounts less than \$100,000

Chief Financial Officer: Accounts greater than or equal to \$100,000 and less than \$250,000

President/CEO: Accounts greater than or equal to \$250,000

Factors considered when determining whether an individual is qualified for financial assistance pursuant to this policy may include:

- No insurance under any government coverage program or other third party insurer; OR
- Inadequate third party insurance coverage
- Family income based upon tax returns and recent pay stubs
- Family size
- Qualifying monetary assets (checking, savings, stocks, bonds, money market and similar investments)

Qualification criteria are used in making each individual case determination for coverage under the TMMC Financial Assistance Program. Financial assistance will be granted based upon each individual determination of financial need in accordance with the Financial Assistance Program eligibility criteria contained in this policy.

Financial Assistance Program qualification may be granted for full charity care (100% free services) or discount partial charity care (charity care of less than 100%), depending upon the

patient or family representative's level of eligibility as defined in the criteria of this Financial Assistance Program Policy.

Once determined, Financial Assistance Program qualification will apply to the specific services and service dates for which application has been made by the patient and/or patient family representative. Each separate encounter shall be singularly and separately determined on a case-by-case basis as to whether financial assistance qualification is met. However, in certain cases of continuing care relating to a patient diagnosis which requires on-going, related services, the hospital, at its sole discretion, may elect to treat continuing care as a single case for which qualification applies to all related on-going services provided by the hospital. Other pre-existing patient account balances outstanding at the time of qualification determination by the hospital will be included as eligible for write-off provided all financial and documentation requirements under this policy have been satisfied.

Patient obligations for Medi-Cal/Medicaid share of cost payments will not be waived under any circumstance. However, after collection of the patient share of cost portion, any other unpaid balance relating to a Medi-Cal/Medicaid share of cost patient may be considered for Charity Care.

Amounts generally billed to patients receiving medically necessary care, who are at or below 450% of the federal poverty level (FPL) will not be more than Medicare would typically pay. TMMC uses the look-back method to determine amounts generally billed to patients who are eligible for financial assistance under this policy and expresses this amount as a percentage of billed charges. This percentage shall be updated at least annually and shall apply to all necessary hospital inpatient, outpatient and emergency services provided by TMMC. The rate is currently 12%.

Upon receipt of a completed financial assistance application, TMMC will 1) promptly determine eligibility for financial assistance; 2) notify the individual in writing of eligibility and available assistance; 3) provide the basis for the determination; 4) suspend all collection actions (if applicable); 5) reverse all extraordinary collection actions (if applicable); 6) provide a statement of amounts owed (if applicable); and 7) refund any payments in excess of amounts owed (if applicable).

Full and Discount Partial Charity Care Income Qualification Levels

1. If the patient's family income is 200% or less of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the entire (100%) patient liability portion of the bill for services will be written off.
2. If the patient's family income is between 201% and 450% of the established poverty income level, based upon current FPL Guidelines, and monetary assets are less than \$10,000, and the patient meets all other Financial Assistance Program qualification requirements, the following will apply:

- Patient's care is not covered by a payer. If the services are not covered by any third party payer so that the patient ordinarily would be responsible for the full-billed charges, the patient's payment obligation will be the gross amount the Medicare program would have paid for the service if the patient were a Medicare beneficiary.
- Patient's care is covered by a payer. If the services are covered by a third party payer so that the patient is responsible for only a portion of the billed charges (i.e., a deductible or co-payment), the patient's payment obligation will be an amount equal to the difference between what insurance has paid and the gross amount that Medicare would have paid for the service if the patient were a Medicare beneficiary. If the amount paid by insurance exceeds what Medicare would have paid, the patient will have no further payment obligation.
- In either case, if a patient's responsibility is 10% or more of the patient's family income for the previous 12 months, the entire amount owed by the patient will be limited to 10% of their family income for the preceding 12 month period.
- Any financial assistance will be reduced by monetary assets remaining after the following exclusion is applied: The first \$10,000 of a patient's monetary assets, and 50% of a patient's monetary assets over the first \$10,000 shall be excluded and not considered for financial assistance.

How to Apply for Financial Assistance

Financial assistance will only be granted to patients that require emergent or medically necessary treatment. Financial assistance applications, plain language summaries, the Financial Assistance Policy and the Credit & Collections policy may be obtained, upon request, from the main admissions desk located in the main lobby of the Lundquist Tower, from the admissions desk located in the emergency room, from Patient Financial Services department (billing office), on TMMC's website (www.torrancememorial.org), by mailing requests to the address below, and by calling Patient Financial Services at (310) 517-4765.

Assistance in completing the applications may be requested by contacting Patient Financial Services Department, as noted above. Completed applications along with all required supporting documentation should be mailed to Torrance Memorial Medical Center, Patient Financial Services Department, 3330 Lomita Blvd, Torrance, CA 90505. The application will only be considered complete when all required documentation has been received.

Payment Plans

When a determination of discount partial charity has been made by the hospital, the patient shall have the option to pay any or all outstanding amount due in one lump sum payment, or through a scheduled term payment plan.

The hospital will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be arranged based upon the patient's ability to effectively meet the payment terms and shall take into account the patient's family income and essential living expenses. As a general guideline, payment plans will be

structured to last no longer than 12 months. The hospital shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. If the hospital and patient or patient's family cannot agree to the terms of a payment plan, the monthly payment shall be based on 10% of the patient's family monthly income. No interest will be charged to the patient for the duration of any payment plan arranged under the provisions of the Financial Assistance Policy.

Special Circumstances

Any evaluation for financial assistance relating to patients covered by the Medicare Program must include a reasonable analysis of a patient's net worth, monetary assets, income and expenses, prior to eligibility qualification for the Financial Assistance Program. Note that any financial assistance will be reduced by the remaining amount after the first \$10,000 of a patient's monetary assets, and 50% of a patient's monetary assets over the first \$10,000 have been excluded from consideration. Such financial assistance evaluations must be made prior to service completion by TMMC.

If the patient is determined to be homeless he/she will be deemed eligible for full assistance under the Financial Assistance Program.

Other Eligible Circumstances

TMMC deems those patients that are eligible for government sponsored low-income assistance program (e.g. Medi-Cal/Medicaid, Managed Medi-Cal, Healthy Families, California Children's Services and any other applicable state or local low-income program) to be indigent. Therefore such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid or Managed Medi-Cal as well as other programs serving the needs of low-income patients (e.g. CHDP, Healthy Families, and CCS) where the program does not make payment for all services or days during a hospital stay, are eligible for Financial Assistance Program coverage. Under the hospital's Financial Assistance Policy, these types of non-reimbursed patient account balances are eligible for full write-off as Charity Care. Specifically included as Charity Care are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid or Managed Medi-Cal and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

The portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payer including Medi-Cal/Medicaid, and (c) which is not reimbursed by Medicare as a bad debt, may be classified as charity care if:

1. The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low-income patients; or

2. The patient otherwise qualifies for financial assistance under this policy and then only to the extent of the write-off provided for under this policy.

Any patient whose income exceeds 450% of the FPL and experiences a catastrophic medical event may be deemed eligible for financial assistance. Such patients, who have high incomes do not qualify for routine full charity care or discount partial charity care. However, consideration as a catastrophic medical event may be made on a case-by-case basis. The determination of a catastrophic medical event shall be based upon the amount of the patient liability at billed charges, and consideration of the individual's income, net worth and monetary assets as reported at the time of occurrence. Management shall use reasonable discretion in making a determination based upon a catastrophic medical event. As a general guideline, any account with a patient liability for services rendered that exceeds \$100,000 may be considered for eligibility as a catastrophic medical event.

Amounts generally billed to patients receiving medically necessary care, who are at or below 450% of the federal poverty level (FPL) will not be more than Medicare would typically pay. TMMC will make every reasonable, cost-effective effort to communicate payment options and programs with each patient who receives services at the hospital. In the event that a patient or guarantor does not respond or communicate with TMMC to resolve an open account, TMMC may forward the account to its collection agency. Since the financial status of the patient is not known, the amount forwarded for external collection will be discounted 82% in accordance with TMMC's Uninsured Discount Policy. For purposes of this Financial Assistance Policy, the discount shall be treated as an uninsured discount at the time the account is sent to collections. The hospital's external collection agencies may adjust the amount further should the patient's financial status become known and the patient qualifies for financial assistance. The collection agency shall make efforts to collect only this reduced amount.

Information gathered during collection agency collection efforts will be used to make presumptive eligibility determinations, based upon criteria set forth in this policy. Any account returned to the hospital from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, will be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file. Additionally, amounts previously written off to uninsured discount for that account will be reversed and treated as charity.

All accounts returned from a collection agency for re-assignment from Bad Debt to Charity Care will be evaluated by hospital personnel prior to any re-classification within the hospital accounting system and records.

Dispute Resolution

In the event that a dispute arises regarding qualification, the patient may file a written appeal for reconsideration with the hospital. The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal.

Any or all appeals will be reviewed by the hospital Director of Patient Financial Services. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the director shall provide the patient with a written explanation of findings and determination.

In the event that the patient believes a dispute remains after consideration of the appeal by the director of patient financial services, the patient may request in writing, a review by the Chief Financial Officer. The Chief Financial Officer shall review the patient's written appeal and documentation, as well as the findings of the Director of Patient Financial Services. The Chief Financial Officer shall make a determination and provide a written explanation of findings to the patient. All determinations by the Chief Financial Officer shall be final. There are no further appeals.

Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values.

Good Faith Requirements

TMMC makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate. Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, TMMC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify.

For care deemed covered under this policy, TMMC will not 1) sell the individuals debt (with the possible, but unlikely, exception of certain circumstances permitted by law); 2) require payment of unpaid medical bills for previous financial-assistance-related care prior to the provision of medically necessary services; 3) defer or delay medically necessary care; 4) report adverse information to credit bureaus; or 5) require any legal processes.

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Related Policies:

Credit & Collection Policy – Admin 100.05

Discount Policy – Admin 100.06